

TUBERCULOSIS UPDATE

San Bernardino County
Department of Public Health
Communicable Disease Section
Jenny Hernandez, BSN

Tuberculosis

- The TB bacteria is present in their body.
- The person is not sick.
- They cannot spread the bacteria to others.
- They are usually prescribed prophylaxis.

TB Infection



- These people are sick.
- They usually have one or more of the classic TB symptoms.
- They can spread the infection to others.
- They are usually prescribed medication to cure the disease.

TB Disease

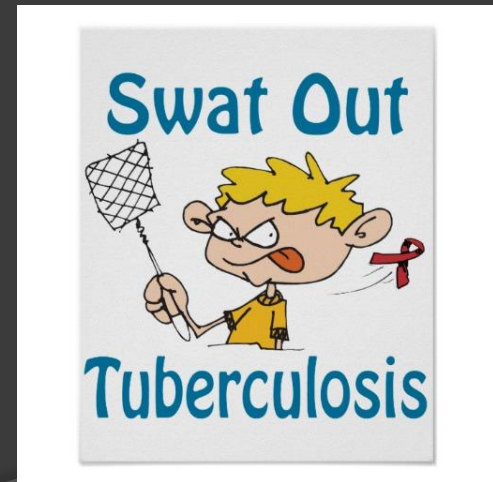


Tuberculosis Cases in San Bernardino County 2011-2014



Tuberculosis Infection

- According to the Tuberculosis Control Branch, there is an estimated 2.3 million people infected with tuberculosis¹.



12-Dose Regimen for Latent Tuberculosis Infection

- ⦿ Taken once a week, for 12 weeks
 - Rifapentine
 - Isoniazid
- ⦿ Each dose should be directly observed.*



Who is a candidate for treatment with the 12-dose regimen °?

- Healthy persons 12 years of age or older
- Recently exposed contacts to infectious TB and newly TB test/interferon-gamma release assay positive
- Persons with radiographically healed pulmonary TB
- HIV-infected persons not taking antiretroviral medications



Who is treatment NOT recommended for¹?

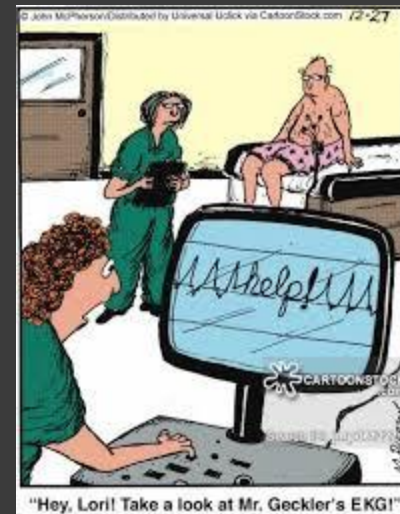


What doesn't kill you,
makes you stronger

- Children under 2 years of age
- HIV persons on antiretroviral treatment
- Persons presumed to be infected by a person with a strain of *M. tuberculosis* that is resistant to INH or rifampin.
- Persons with a history of adverse events or allergies to INH or rifampin.

Monitoring during treatment²

- Monthly medical appointments for the identification of adverse events
- Baseline hepatic chemistry panel for those with a medical history of :
 - HIV infection
 - Liver disorder
 - Immediate post partum period
 - Regular ETOH use
 - Older patients
 - Those taking medications for chronic conditions



Prevention



New TB Screening Requirements for Pre-K & K-12 Public, Private and Parochial School Employees, Volunteers and Contractors on 1-1-2015

- AB 1667 enacted and effective starting January 1, 2015
- The new law helps state law match federal law
- The new law applies to school employees and volunteers




Adult Tuberculosis Risk Assessment Questionnaire


Pre-K K-12 TB Risk Assessment 1-1-2015.pdf - Adobe Reader

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 **CDPH**
California Department of Public Health

 **CTCA**
CALIFORNIA TUBERCULOSIS
CONTROLLERS ASSOCIATION

Adult Tuberculosis (TB) Risk Assessment Questionnaire¹

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555)
To be administered by a licensed health care provider (physician, physician assistant, nurse practitioner, registered nurse)

Name: _____ Date of Risk Assessment: _____

Date of Birth: _____

History of positive TB test or TB disease Yes ☐ No ☐

If yes, a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire.*
If no, continue with questions below.

If there is a "Yes" response to any of the questions 1-5 below, then a tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) should be performed. A positive test should be followed by a chest x-ray, and if normal, treatment for TB infection considered.

| Risk Factors | |
|---|--|
| 1. One or more signs and symptoms of TB (prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue) Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB. ² | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Close contact with someone with infectious TB disease | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Birth in high TB-prevalence country** (**Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Travel to high TB-prevalence country** for more than 1 month (**Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Work in a correctional facility, long-term care facility, hospital, or homeless shelter | Yes <input type="checkbox"/> No <input type="checkbox"/> |

*Once a person has a documented positive test for TB infection that has been followed by an x-ray that was deemed free of infectious TB, the TB risk assessment is no longer required.

¹ Adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and Centers for Disease Control and Prevention.
² Centers for Disease Control and Prevention (CDC). Latent Tuberculosis Infection: A Guide for Primary Health Care Providers. 2013.
(<http://www.cdc.gov/tb/publications/LTB/default.htm>)

TCB-01 (12/14) Effective January 1, 2015

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Adult Tuberculosis Risk Assessment Questionnaire

Pre-K K-12 TB Risk Assessment 1-1-2015.pdf - Adobe Reader

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ADULT TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555)

CERTIFICATE OF COMPLETION

To be signed by the licensed health care provider completing the risk assessment and/or examination

Name: _____ Date: _____

Date of Birth: _____

The above named patient has submitted to a tuberculosis risk assessment. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.

Health Care Provider Signature

Please Print Health Care Provider Name Title

Office Address: Street City State Zip Code

Telephone Fax

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Questions

